

CITY OF SPRINGFIELD, OHIO

EMPLOYMENT APPLICATION

(Please Print)

SECTION I - PERSONAL INFORMATION

FOR OFFICE USE ONLY

Date:

Time:

Received by:

1. Position applying for:

2. Name:

Last

First

Middle

Social Security #

3. Address:

Number & Street

Telephone: Home #

Work #

City

State

Zip

4. **MILITARY CREDIT CLAIM**

MILITARY CREDIT []

If you claim military service credit, check the box to the right.
A copy of the Honorable Discharge or DD-214, specifying an
Honorable Discharge, must be submitted with this application.

FOR OFFICE USE ONLY

MILITARY

Approved

Disapproved

5. Are you 18 or older?

Yes

No

6. If hired, can you give written evidence of your right to work in this country?

Yes

No

7. What is your reason for interest in this job?

8. List any reason why you would be unable to perform the essential functions, or fundamental job duties, of this position:

9. Do you now or have you ever worked for the City of Springfield?

Yes

No

If yes, when and for what department? From:

To:

Dept:

10. Do you have a valid Driver's License or Commercial Driver's License?

Yes

No

What State?

License Class?

Please List Endorsements:

SECTION II - EDUCATION AND TRAINING

Place "X" in column for highest grade completed												Name and Location of High School
1	2	3	4	5	6	7	8	9	10	11	12	

Other Schools	Dates From To	Name of School	City / State	Major	Minor	Name of Degree
College or University						
Graduate School						
Vocational or Business School						

If you have received TRAINING in an area which you feel is relevant to the position for which you are applying, please submit the following information (do not include training gained as part of your education as described above):

Type of Training	Organization	Length of Training	Subject Covered

SECTION III - WORK EXPERIENCE

FULLY DESCRIBE your work experience beginning with your most recent job. Include relevant military and volunteer experience.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes

No

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To : Mo. _____ Yr. _____	_____	_____
Full-time	Duties performed: _____	
Part-time	_____	
Reason for leaving: _____	_____	

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To : Mo. _____ Yr. _____	_____	_____
Full-time	Duties performed: _____	
Part-time	_____	
Reason for leaving: _____	_____	

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To : Mo. _____ Yr. _____	_____	_____
Full-time	Duties performed: _____	
Part-time	_____	
Reason for leaving: _____	_____	

Length of Employment
From: Mo. _____ Yr. _____
To : Mo. _____ Yr. _____

Title of Position Held

Name & Address of Employer

Full-time
Part-time
Reason for leaving:

Duties performed: _____

****Please list additional work experience on a separate sheet.**

RESUME ATTACHED - You must still complete Section III above.

SECTION IV - PROFESSIONAL REFERENCES (Please do not include relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SECTION V - RELEASE

BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Furthermore, I hereby authorize the City of Springfield to contact prior employers, educational institutions, and references listed above to obtain any and all information related to my past work performance, experience or education.

Signature of Applicant: _____ Date: _____

**THE CITY OF SPRINGFIELD IS AN EQUAL OPPORTUNITY EMPLOYER
EEO / MINORITY / FEMALE / DISABLED**

CITY OF SPRINGFIELD, OHIO

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

NAME:

DATE:

JOB DESIRED:

DIRECTION: The Personnel Department requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only. It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.

SEX:

MALE

FEMALE

RACE:

- | | | |
|------------------------------------|--------------------------|---|
| White | <input type="checkbox"/> | Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| Black | <input type="checkbox"/> | Persons having origins in any of the black racial groups. |
| Hispanic | <input type="checkbox"/> | Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| American Indian:
Alaskan Native | <input type="checkbox"/> | Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |
| Asian / Pacific Islanders | <input type="checkbox"/> | Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders. |

HOW DID YOU BECOME AWARE OF THIS POSITION?

Note: Please mark all that apply.

- A) Newspaper If yes, which newspaper?
- B) Radio If yes, which station?
- C) Job Posting If yes, where?
- D) Personal Contact If yes, give name.
- E) Other Please Explain.